

Form B6F (10/05)

In re JEMSEK CLINIC, P.A.  
Debtor

Case No. 06-31766  
(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Dash Courier Service P O Box 11049  Charlotte NC 28220-1049,		Unsecured -Trade				\$ 112.53
ACCOUNT NO. David M. Chilman PO Box 98836  Raleigh NC 27624-8836,		Unsecured -Trade				\$ 22,301.00
ACCOUNT NO. DHL Express Inc. PO Box 4723  Houston TX 77210,		Unsecured -Trade				\$ 48.00
ACCOUNT NO. Diversified Telecom 301 S. McDowell St.  Charlotte NC 28204,		Unsecured -Trade				\$ 584.30
ACCOUNT NO. Drum, Sharon 7920 Mariners Pointe Circle  Denver,		Unsecured - Employee - Expenses				\$ 20.47

Sheet No. 3 of 12 sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal ► \$ 23,066.30

Total ► \$ -

(Use only on last page of the completed Schedule F)  
(Report total also on Summary of Schedules)

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In re JEMSEK CLINIC, P.A.  
Debtor

Case No. 06-31766  
(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Etactics PO Box 551  Medina OH 44258,		Unsecured -Trade				\$ 427.31
ACCOUNT NO. Federal Express PO Box 94515  Palatine IL 60094-4515,		Unsecured -Trade				\$ 182.11
ACCOUNT NO. First-Citizens Bank & Trust Company C/o Loan Servicing Dept - DAC20 PO Box 26592 Raleigh, NC 27611-6592,		Unsecured - Loan				\$ 435,758.18
ACCOUNT NO. Fluent Language Solutions PO Box 563308  Charlotte NC 28256-3308,		Unsecured -Trade				\$ 144.24
ACCOUNT NO. Forms & Supply Inc. PO Box 563953  Charlotte NC 28256,		Unsecured -Trade				\$ 657.03

Sheet No. 4 of 12 sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal ► \$ 437,168.87

Total ► \$ -

(Use only on last page of the completed Schedule F)  
(Report total also on Summary of Schedules)

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In re JEMSEK CLINIC, P.A.  
Debtor

Case No. 06-31766  
(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. GE Medical Systems PO Box 402076  Atlanta GA 303842076,		Unsecured -Trade				\$ 468.75
ACCOUNT NO. Hartford Insurance PO Box 2907  Hartford CT 06104-2907,		Unsecured -Trade				\$ 1,045.50
ACCOUNT NO. Hirease, Inc. PO Box 2559  Southern Pines NC 28388,		Unsecured -Trade				\$ 68.00
ACCOUNT NO. ImageFIRST Healthcare Laundry Services PO Box 7416  St. Davids PA 19087-7416,		Unsecured -Trade				\$ 162.74
ACCOUNT NO. Inland Mid-Atlantic Management Corp. 4687 Paysphere Cir.  Chicago IL 60674,		Unsecured -Trade				\$ 4,361.62
Sheet No. 5 of 12 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal ► \$ 6,106.61
(Use only on last page of the completed Schedule F) (Report total also on Summary of Schedules)						Total ► \$ -

Form B6F (10/05)

In re JEMSEK CLINIC, P.A.  
Debtor

Case No. 06-31766  
(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. James A. Wilson 5322 Highgate Drive Suite 243  Durham NC 27713,		Unsecured -Trade				\$ 18,119.87
ACCOUNT NO. Jemsek, Joseph G. 2215 Sharon Lane  Charlotte,		Unsecured - Loan				\$ 115,000.00
ACCOUNT NO. Jemsek, Kay 2215 Sharon Lane  Charlotte,		Unsecured - Loan				\$ 54,000.00
ACCOUNT NO. Kwik Kopy Business Center 16735 Cranlyn Rd. Suite A  Huntersville NC 28078,		Unsecured -Trade				\$ 117.61
ACCOUNT NO. Linde Gas, LLC PO Box 534109  Atlanta GA 303534109,		Unsecured -Trade				\$ 256.29
Sheet No. 6 of 12 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal ► \$ 187,493.77
(Use only on last page of the completed Schedule F) (Report total also on Summary of Schedules)						Total ► \$ -

Form B6F (10/05)

In re JEMSEK CLINIC, P.A.  
Debtor

Case No. 06-31766  
(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. McCollister, Angela 136 Sailwinds Road  Mooresville,		Unsecured - Employee - Expenses				\$ 8.10
ACCOUNT NO. McGuireWoods, LLP 901 E. Cary St.  Richmond VA 23286-0645,		Unsecured -Trade				\$ 2,643.00
ACCOUNT NO. Medical Arts Press PO BOX 94777  Palatine IL 60094-4777,		Unsecured -Trade				\$ 419.06
ACCOUNT NO. MGMA PO Box 17603  Denver CO 80217-0603,		Unsecured -Trade				\$ 23,239.06
ACCOUNT NO. MHC Services, Inc. 2103 Sullivan Street  Greensboro NC 27405,		Unsecured -Trade				\$ 338.13
Sheet No. 7 of 12 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal ► \$ 26,647.35
(Use only on last page of the completed Schedule F) (Report total also on Summary of Schedules)						Total ► \$ -

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In re JEMSEK CLINIC, P.A.  
Debtor

Case No. 06-31766  
(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. MISYS PO Box 751585  Charlotte NC 28275-1585,		Unsecured -Trade				\$ 738.80
ACCOUNT NO. Nalle Pharmacy 1918 Randolph Road  Charlotte NC 28207,		Unsecured -Trade				\$ 80.63
ACCOUNT NO. Nexsen Pruet Adams Kleemeier PO Drawer 2426  Columbia SC 29202,		Unsecured -Trade				\$ 58.00
ACCOUNT NO. Pensys 2233 Watt Ave. Ste. 330  Sacramento CA 95825,		Unsecured -Trade				\$ 1,290.00
ACCOUNT NO. Physician Sales & Service, Inc. PO Box 680938  Charlotte NC 28216,		Unsecured -Trade				\$ 6,503.63
Sheet No. 8 of 12 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal ▶ \$ 8,671.06
(Use only on last page of the completed Schedule F) (Report total also on Summary of Schedules)						Total ▶ \$ -

(Use only on last page of the completed Schedule F)  
(Report total also on Summary of Schedules)

(Use only on last page of the completed Schedule F)  
(Report total also on Summary of Schedules)



CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
The Charlotte Observer PO Box 32188  Charlotte NC 28232-2188,			Unsecured -Trade				\$ 2,988.65
ACCOUNT NO.							
Time Warner Cable PO Box 70872  Charlotte, NC,			Unsecured -Trade				\$ 58.06
ACCOUNT NO.							
Time Warner Telecom PO Box 172567  Denver CO 80217-2567,			Unsecured -Trade				\$ 3,828.80
ACCOUNT NO.							
Verizon Wireless PO Box 660108  Dallas TX 75266-0108,			Unsecured -Trade				\$ 497.34
ACCOUNT NO.							
Virtual Officeware, Inc. PO Box 76828  Cleveland, OH 44101,			Unsecured -Trade				\$ 3,312.00
Sheet No. 11 of 12 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 10,684.85
							Total ► \$ -

(Use only on last page of the completed Schedule F)  
(Report total also on Summary of Schedules)

Form B6F (10/05)

In re JEMSEK CLINIC, P.A.  
Debtor

Case No. 06-31766  
(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Womble Carlyle Sandridge & Rice, PLLC 301 South College St. Suite 3500 Charlotte NC 28202-6037,		Unsecured -Trade				\$ 3,070.00
ACCOUNT NO. -						\$ -
ACCOUNT NO. -						\$ -
ACCOUNT NO. -						\$ -
ACCOUNT NO. -						\$ -
ACCOUNT NO. -						\$ -
Sheet No. 12 of 12 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal ► \$ 3,070.00
(Use only on last page of the completed Schedule F) (Report total also on Summary of Schedules)						Total ► \$ 2,006,985.80

Form B6G  
(10/05)

In re JEMSEK CLINIC, P.A. Case No. 06-31766  
Debtor (If known)

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all Executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007 (m)

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTACT.
AIG Life Insurance Co. PO Box 62046  Baltimore, MD	Insurance Contract - - -
Air Products and Chemicals, Inc. PO Box 360545M  Pittsburgh, PA 15251	Service Agreement - - -
Bank of America PO Box 30137  Tampa, FL 33630	Vehicle Financing - - -
BCBS of North Carolina PO Box 30071  Durham, NC 27702	Insurance Contract - - -
Bell South Advertising and Publishing PO Box 105852  Atlanta, GA 30348	Service Agreement - - -
Bentley, Susan W. PO Box 740249  Tuscumbia, AL 35674	Contract Employee - - -
Carolina Cryogenics 2800 A.B. Jackson Rd  Clinton, SC 29325	Service Agreement - - -

Form B6G  
(10/05)

In re JEMSEK CLINIC, P.A. Case No. 06-31766  
Debtor (If known)

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Describe all Executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007 (m)

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTACT.
CD Capital PO Box 41601 Ref. No. 24679173  Philadelphia, PA 19101-1601	Service Agreement - - -
Charlotte Copy Data 4404 A Stuart Andrew Blvd.  Charlotte, NC 28217	Service Agreement/Copier Leases - - -
Cieza, Octavio 120 Clusters Circle  Mooresville, NC 28117	Employment Agreement - - -
CPI Security Systems PO Box 580375  Charlotte, NC	Service Agreement - - -
Cruikshank, Frederick A. 8544 Townley Rd. Apt. 3G  Huntersville, NC 28078	Employment Agreement - - -
CT Communications PO Box 70526  Charlotte, NC 28272	Service Agreement - - -
Diversified Telecom 301 S. McDowell St.  Charlotte, NC 28204	Service Agreement - - -

Form B6G  
(10/05)

In re JEMSEK CLINIC, P.A. Case No. 06-31766  
Debtor (If known)

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Describe all Executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007 (m)

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTACT.
Dr. Lauri Byerley 11926 Ulsten Lane  Huntersville, NC 28078	Contract Employee - - -
Eastern Life and Health PO Box 83011  Lancaster, PA 17608	Insurance Contract - - -
GE Medical Systems PO Box 402076  Atlanta, GA 30384-2076	Service Agreement - - -
Guardian PO Box 95101  Chicago, IL 60694	Insurance Contract - - -
Hartford Insurance PO Box 2907  Hartford , CT 06104-2907	Insurance Contract - - -
Inland Mid-Atlantic Management Corp. 4687 Paysphere Cir.  Chicago , IL 60674	Real Estate Lease - - -
Market Impact Associates PO Box 3573  Huntersville, NC 28070	Marketing Agreement - - -

Form B6G  
(10/05)

In re JEMSEK CLINIC, P.A. Case No. 06-31766  
Debtor (If known)

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Describe all Executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007 (m)

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTACT.
Medical Mutual P O Box 30728 Dept. 251  Charlotte, NC 28230	Insurance Contract - - -
MHC Services, Inc. 2103 Sullivan Street  Greensboro , NC 27405	Service Agreement - - -
MISYS PO Box 751585  Charlotte, NC 28275-1585	Service Agreement - - -
National Welders PO Box 34513  -	Service Agreement - - -
Pensys, Inc. 8816 Red Oak Blvd Suite 120  Charlotte, NC 28217	Service Agreement - - -
Pitney Bowes - Purchase Power PO Box 856042  Louisville , KY 40285	Service Agreement - - -
Quest Diagnostics PO Box 740736  Atlanta, GA 30374-0736	Service Agreement - - -

Form B6G  
(10/05)

In re JEMSEK CLINIC, P.A. Case No. 06-31766  
Debtor (If known)

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all Executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007 (m)

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTACT.
Rosedale Infectious Disease, LLC 16630 North cross Drive  Huntersville, NC 28078	Any and All Contracts - - -
Rosedale Medical Center 16630 North cross Drive  Huntersville, NC 28078	Real Estate Leases - - -
Rowan Regional Medical Center 612 Mocksville Ave  Salisbury, NC 28144	Use of Premises - no monetary amounts - - -
Southeast Toyota Finance PO Box 31453  Tampa, FL 33631	Service Agreement - - -
Stephanie Burns 8001 Bradenton Dr.  Charlotte, NC 28210	Contract Employee - - -
Techstructures 1950 Abbott St Suite 601  Charlotte, NC 28203	Service Agreement - - -
Time Warner Cable 3140 W. Arrowood Road  Charlotte, NC 28273	Service Agreement - - -

Form B6G  
(10/05)

In re JEMSEK CLINIC, P.A. Case No. 06-31766  
Debtor (If known)

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all Executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser, "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007 (m)

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTACT.
Time Warner Telecom PO Box 172567  Denver, CO 80217-2567	Service Agreement - - -
Verizon Wireless PO Box 660108  Dallas, TX 75266-0108	Service Agreement - - -
Virtual Officeware PO Box 76828  Cleveland, OH 44101	Service Agreement - - -
- - -	- - -
- - -	- - -
- - -	- - -
- - -	- - -



FORM B6H  
(10/05)

In re JEMSEK CLINIC, P.A., Case No. 06-31766  
Debtor (if known)

### SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. 112; Fed. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
First-Citizens Bank & Trust Company Mecklenburg Commercial Banking C/o Loan Servicing Dept - DAC20 PO Box 26592 Raleigh, NC 27611-6592 Upfit Loan	Joseph G. Jemsek, MD 14330 Oakhill Park Lane #200 Huntersville, NC 28078
First-Citizens Bank & Trust Company Mecklenburg Commercial Banking C/o Loan Servicing Dept - DAC20 PO Box 26592 Raleigh, NC 27611-6592 Equipment Line	Joseph G. Jemsek, MD 16630 Northcross Dr. Ste 102 Huntersville, NC 28078
First-Citizens Bank & Trust Company C/o Loan Servicing Dept - DAC20 PO Box 26592 Raleigh, NC 27611-6592 Line of Credit	Joseph G. Jemsek, MD 16630 Northcross Dr. Ste 102
The Scottish Bank 1057 Providence Road Charlotte, NC 28207	Joseph G. Jemsek, MD 16630 Northcross Dr. Ste 102

Official Form 6 - Decl.  
(10/05)

In re JEMSEK CLINIC, P.A.,  
Debtor

Case No. 06-31766  
(if Known)

### DECLARATION CONCERNING DEBTOR'S SCHEDULES

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 58  
(Total shown on summary page plus 1.)

sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

#### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name of Bankruptcy Petition Preparer \_\_\_\_\_

Social Security No. \_\_\_\_\_  
(Required by 11 U.S.C. 110.)

If the bankruptcy petition is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person or partner who signs this document.

Address \_\_\_\_\_

X  
Signature of Bankruptcy Petition Preparer \_\_\_\_\_

\_\_\_\_\_ Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both, 11 U.S.C. 110; 18 U.S.C. 156.

#### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the owner [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the Jemsek Clinic, PA [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I

have read the following summary and schedules, consisting of 58 sheets, and that they are true and correct  
(Total shown on summary page plus 1.)  
to the best of my knowledge, information, and belief.

Date 10-31-06

Signature Joseph G. Jemsek  
Joseph G. Jemsek  
(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]